DATENT	APPLICATION	I FEE DETERMIN	ATION RECORD
PAICH	AFFLICATION	LEE DE LENIVIIIA	IATION NECOND

Effective October 1, 2001

Application or Docket Number

010475

	•	CLAIMS AS	S FILED -	PART	1		SMALL	ENTITY		OTHER	THAN											
		(Column 1)		(Colu	(Column 2)		TYPE		SMALL													
TOTAL CLAIMS		19					FEE	]	RATE	FEE												
FOR		NUMBER FILED		NUMB	NUMBER EXTRA		EE 370.00	OR	BASIC FEE	740.00												
TOTAL CHARGEABLE CLAIMS			19 minus 20= *		*			-	OR	X\$18=												
INDEPENDENT CLAIMS			<i>Q</i> minus 3 = *			X42=		OR	X84=	500												
MULTIPLE DEPENDENT CLAIM PRESENT						+140=	:	OR	+280=													
* If the difference in column 1 is less than zero, ente			ero, enter	r "0" in c	olumn 2	TOTAL		OR	TOTAL	13211												
CI AIMS AS A			MENDF	MENDED - PART II			, J IAI		1017	OTHER	THAN											
			(Colur	mn 2)	(Column 3)	SMAL	L ENTITY	OR	SMALL E													
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=												
	Independent	*	Minus	***		=	X42=		OR	X84=												
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDEN	T CLAIM		+140=	<del> </del>	OR	+280=												
							TOTA			TOTAL												
						(Calumer of	ADDIT. FE		OR	ADDIT. FEE												
		(Column 1) CLAIMS		(Colur		(Column 3)		1.55:	1 .		A-5-5-											
AMENDMENT B		REMAINING AFTER AMENDMENT	,	NUM PREVIO	IBER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=												
AME	Independent	*	Minus	***		=	X42=		OR	X84=												
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDEN	CLAIM		1140			+280=												
							+140= TOTA		OR	+280= TOTAL												
							ADDIT. FE		OR	ADDIT. FEE												
		(Column 1)		(Colur		(Column 3)			_													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=												
	Independent	*	Minus	***		=-	X42=	<del>                                     </del>	OR	X84=												
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			+	JOH		<del>                                     </del>											
	If the enterior	medialass "	ha anto:	ima O	3 MAR 1	luma 2	+140=		OR	+280=												
strate	If the "Highest Nu	mn 1 is less than the same of	aid For IN TH	IIS SPACE i	is less tha	an 20, enter "20."	TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE												
	•						found in the	appropriate bo	x in co	lumn 1.	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											